

471-000-508 NEBRASKA MEDICAID HEARING AID (HA) FEE SCHEDULE

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 8.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT numeric identifying codes for reporting medical services and procedures.

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The Schedule includes only CPT numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT outside the Schedule should refer to CPT. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

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MODIFIER INFORMATION

Modifier Definitions for Hearing Aids

Modifier	Description
22	(Special) Ear Mold/Insert Not Included With Aid On Invoice
LT	Left Ear
RA	Replacement Ear Molds And Dispensing Fee When Under Warranty
RB	Repair Of Aid
RT	Right Ear

PRIOR AUTHORIZATION INFORMATION

Prior authorization is required for:

1. All hearing aids and assistive listening devices billed at \$501.00 or greater;
2. All repairs and accessories of \$150.00 or greater per line item; and

3. All replacements of lost or stolen hearing aids or assistive listening devices. The cost factor is not applicable.

All requests for prior authorization and supporting documentation must be submitted to the utilization management organization under contract with the Department.

Prior authorizations are good for one year unless otherwise noted for specific equipment. Medical necessity may expire within that year period therefore new medical necessity must be obtained if the medical necessity expires within the service dates of the claim.

Prior authorizations are done prior to the dispensing of the hearing aids or assistive listening devices. Prior authorizations are reviewed retroactively when the client is either a ward of the state or if someone becomes retroactively eligible for Medicaid.

CLAIM INFORMATION

The following information must be submitted with each claim:

1. A detailed physician's order for the item
2. A copy of the prior authorization
3. A clear description of the item dispensed such as brand/model
4. A copy of any Medicaid forms used
5. A copy of the quote, and
6. The actual cost invoice from the manufacturer with the client's name on it. An actual cost invoice is the supplier's invoice that the provider actually paid, and includes any discounts and rebates to the provider.

CLIENTS IN NURSING HOMES OR INTERMEDIATE CARE FACILITIES / DEVELOPMENTALLY DISABLED FACILITIES

1. Replacement batteries for hearing aids are covered under the facility's per diem;
2. Repairs for hearing aids will be paid directly to the provider not the facility; and
3. Dispensing fees for repairs will be paid directly to the provider not the facility.

Nebraska Medicaid Fee Schedule, Hearing Aid July 1, 2017						
		471-000-508		Manual Letter #29-2017		
						MEDICAID
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	ALLOWABLE
000V5014		REPAIR MODIFICATION OF AID	X	INVOICE COST, PRIOR AUTH IF OVER \$150		
000V5020	LT	CONFORMITY EVALUATION -LEFT AID				\$22.26
000V5020	RT	CONFORMITY EVALUATION - RIGHT AID				\$22.26
000V5030		HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION; INDICATE IF FOR RT OR LT EAR. MSC0512		INVOICE COST UP TO MAX ALLOWABLE	X	\$770.89
000V5040		HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION		INVOICE COST UP TO MAX ALLOWABLE	X	\$770.89
000V5050		HEARING AID, MONAURAL, IN THE EAR		INVOICE COST UP TO MAX ALLOWABLE	X	\$770.89
000V5060		HEARING AID, MONAURAL, BEHIND THE EAR		INVOICE COST UP TO MAX ALLOWABLE	X	\$770.89
000V5070		GLASSES, AIR CONDUCTION		INVOICE COST UP TO MAX ALLOWABLE	X	\$770.89
000V5080		GLASSES, BONE CONDUCTION		INVOICE COST UP TO MAX ALLOWABLE,	X	\$770.89
000V5100		HEARING AID, BILATERAL		INVOICE COST UP TO MAX ALLOWABLE /2AIDS	X	\$770.89
000V5120		BINAURAL, BODY		INVOICE COST UP TO MAX ALLOWABLE.	X	\$770.89
000V5130		BINAURAL, IN THE EAR		INVOICE COST UP TO MAX ALLOWABLE	X	\$1,541.79
000V5140		BINAURAL, BEHIND THE EAR		INVOICE COST UP TO MAX ALLOWABLE	X	\$1,541.79
000V5150		BINAURAL, BEHIND THE GLASSES		INVOICE COST UP TO MAX ALLOWABLE- 2 AIDS	X	\$1,541.79

000V5160		DISPENSING FEE, BINAURAL				\$573.06
000V5160	RA	DISPENSING FEE, BINAURAL, HEARING AID		ONLY WITH INVOICE. NO PAYMENT TO MANUFACTURER		\$111.96
000V5160	RB	DISPENSING FEE, BINAURAL		REPAIR BY OUTSIDE LAB. COVERED IF REPAIR IS UNDER WARRANTY OR LAB REPLACES ITEM SUBMITTED AS A REPAIR MSC 0513		\$111.96
000V5170		HEARING AID, CROS, IN THE EAR		LAB INVOICE COST		\$802.21
000V5180		HEARING AID, CROS, BEHIND THE EAR		LAB INVOICE COST		\$802.21
000V5200		DISPENSING FEE, CROS			X	\$293.41
000V5210		HEARING AID, BICROS, IN THE EAR		LAB INVOICE COST		\$1,604.40
000V5220		HEARING AID, BICROS, IN THE EAR		LAB INVOICE COST		\$1,604.40
000V5240		DISPENSING FEE BICROS			X	\$572.98
000V5241		DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE				\$286.54
000V5241	RA	DISPENSING FEE , MONAURAL AID , REPLACEMENT		ONLY WHEN AID IS REPLACED UNDER WARRANTY;NEEDS INVOICE.		\$55.98
000V5241	RB	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE		REPAIR BY OUTSIDE LAB; COVERED IF REPAIR IS UNDER WARRANTY OR LAB REPLACES ITEM SUBMITTED AS A REPAIR MSC 0513		\$55.98
000V5242		HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)				\$250.00

000V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)			\$250.00
000V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC			\$1,151.49
000V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC			\$1,151.49
000V5248	HEARING AID, ANALOG, BINAURAL, CIC			\$550.00
000V5249	HEARING AID, ANALOG, BINAURAL, ITC			\$550.00
000V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC			\$1,301.49
000V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC			\$1,301.49
000V5254	HEARING AID, DIGITAL, MONAURAL, CIC			\$701.10
000V5255	HEARING AID, DIGITAL, MONAURAL, ITC			\$701.10
000V5258	HEARING AID, DIGITAL, BINAURAL, CIC			\$994.02
000V5259	HEARING AID, DIGITAL, BINAURAL, ITC			\$994.02
000V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE		PAY UP TO \$45.00 WITH DATE OF SERVICE BEGINNING 2/15/13(MSC) INCLUDES RIC &RI	\$46.81

000V5264	22	EAR MOLD/INSERT WITH RECIEVER IN THE EAR	X	PRIOR AUTHORIZE IF OVER \$45		IC
000V5266		BATTERY FOR USE IN HEARING DEVICE		UP TO (32 UNITS PER CLAIM) 1 BATTERY = 1 UNIT		\$1.12
000V5267		HEARING AID SUPPLIES / ACCESSORIES		BY REPORT, PRIOR AUTH IF OVER \$150		MP
000V5273		ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	X			IC
000V5275	RA	EAR IMPRESSION, REPLACEMENT ONLY				\$21.27
000V5281		ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, MONAURAL, (1 RECEIVER, TRANSMITTER, MICROPHONE), ANY TYPE	X		COVERAGE ONLY FOR CLIENTS UP TO 5 YEARS OF AGE INVOICE COST UP TO MAX ALLOWABLE	
000V5282		ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	X		INVOICE COST UP TO MAX ALLOWABLE	
000V5283		ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM NECK, LOOP INDUCTION RECEIVER	X		INVOICE COST UP TO MAX ALLOWABLE	

000V5284		ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, EAR LEVEL RECEIVER	X	INVOICE COST UP TO MAX ALLOWABLE		
000V5285		ASSITIVE LISTENING DEVICE, PERSONAL FM/DM, DIRECT AUDIO INPUT RECEIVER	X	INVOICE COST UP TO MAX ALLOWABLE		
000V5286		ASSISTIVE LISTENING DEVICE, PERSONAL BLUE TOOTH FM/DM RECEIVER	X	INVOICE COST UP TO MAX ALLOWABLE		
000V5287		ASSITIVE LISTENING DEVICE, PERSONAL FM/DM RECEIVER, NOT OTHERWISE SPECIFIED	X	INVOICE COST UP TO MAX ALLOWABLE		
000V5288		ASSISTIVE LISTENING DEVISE4, PERSONAL FM/DM TRANSMITTER ASSISTIVE LISTENING DEVICE	X	INVOICE COST UP TO MAX ALLOWABLE		
000V5289		ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM ADAPTER/BOOT COUPLING DEVICE FOR RECEIVER, ANY TYPE	X	INVOICE COST UP TO MAX ALLOWABLE		

000V5290		ASSITIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE	X	INVOICE COST UP TO MAX ALLOWABLE		
000V5298		HEARING AID, NOT OTHERWISE CLASSIFIED		IC		
000V5299		HEARING SERVICE, MISCELLANEOUS		PRIOR AUTH REQUIRED IF OVER \$150		IC
00092700		UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE		REQUIRES DOCUMENTATION AND INVOICE		MP